


BY FAX

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Trace D. Alexander FIRM NAME: Alexander Law Firm, Prof. Corp. STREET ADDRESS: 27201 Puerta Real, Ste. 300 CITY: Mission Viejo STATE: CA ZIP CODE: 92691 TELEPHONE NO.: 949-218-4551 FAX NO.: 949-218-4591 E-MAIL ADDRESS: talexander@alexanderlawfirm.net ATTORNEY FOR (name): Petitioners Rachel A. Ronan and Megan M. Maska		FOR COURT USE ONLY <div style="text-align: center;"> FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT DEC 30 2022  SABRINA MUNOZ </div>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. Third St. MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate		CASE NUMBER: <div style="border: 1px solid black; padding: 2px;">PROCD2201757</div>	
ESTATE OF (name): Anna Josephine Hammond <div style="text-align: right;">DECEDENT</div>			
PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input checked="" type="checkbox"/> with limited authority		HEARING DATE AND TIME: FEB 06 2023 9:00am DEPT.: S37	

1. Publication will be in (specify name of newspaper): City News Group - San Bernardino City News

- a. ☐ Publication requested.
 b. ☒ Publication to be arranged.

2. **Petitioner (name each):**
 Rachel A. Ronan and Megan M. Maska

NOTICE: This Case is assigned to Dept. S37
 for all purposes and is subject to CCP 170.6(2)

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): Rachel A. Ronan and Megan M. Maska
 (1) ☐ executor be appointed
 (2) ☐ administrator with will annexed
 (3) ☒ administrator
 (4) ☐ special administrator ☐ with general powers
 and Letters issue upon qualification.
 c. ☐ full ☒ limited authority be granted to administer under the Independent Administration of Estates Act.
 d. (1) ☒ bond not be required for the reasons stated in item 3e.
 (2) ☐ \$ _____ bond be fixed. The bond will be furnished by an admitted surety insurer or as otherwise
 provided by law. (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob.
 Code, § 8482.)
 (3) ☐ \$ _____ in deposits in a blocked account be allowed. Receipts will be filed.
 (Specify institution and location):

3. a. Decedent died on (date): 12/3/1974 at (place): Upland, California
 (1) ☒ a resident of the county named above.
 (2) ☐ a nonresident of California and left an estate in the county named above located at (specify location permitting
 publication in the newspaper named in item 1):

b. ☐ Decedent was a citizen of a country other than the United States (specify country):

c. Street address, city, and county of decedent's residence at time of death (specify):
 526 E. "G" St., Ontario, CA 91764 (San Bernardino County)